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County: Trempeal eau STRUM NURSING HOME PO\_BOX 217 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Corporati on Skilled No Yes Average Daily Census: 37

**************************************	****	<b>30</b> ************************************	******	***********	******	********	******
Services Provided to Non-Residents	ļ	Age, Sex, and Primary Diagn	Length of Stay (12/31/0	0) %			
Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services Day Services Respite Care Adult Day Care Adult Day Health Care Congregate Meals Home Delivered Meals Other Meals Transportation Referral Service Other Services Provide Day Programming for Mentally Ill Provide Day Programming for Developmentally Disabled	No No No Yes No No No No No No No	Primary Diagnosis  Developmental Disabilities Mental Illness (Org./Psy) Mental Illness (Other) Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic Cancer Fractures Cardiovascular Cerebrovascular Diabetes Respiratory Other Medical Conditions	0. 0 65. 8 0. 0 0. 0 7. 9 0. 0 0. 0 0. 0 0. 0 0. 0 26. 3	Age Groups Under 65 65 - 74 75 - 84 85 - 94 95 & Over  65 & Over  Sex  Mal e Femal e	0. 0 5. 3 31. 6 50. 0 13. 2 100. 0 100. 0	Less Than 1 Year 1 - 4 Years More Than 4 Years  **********************  Full-Time Equival Nursing Staff per 100 (12/31/00)  RNs LPNs Nursing Assistants Aides & Orderlies	26. 3 44. 7 28. 9 

## Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)			0ther		P	Private Pay			Managed Care			Percent	
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1	Ŭ ]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	1	100.0	\$255.06	23	88. 5	\$87. 98	0	0. 0	\$0.00	11	100.0	\$94.00	0	0.0	\$0.00	35	92. 1%
Intermedi ate				2	7.7	\$72. 78	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	2	5. 3%
Limited Care				1	3.8	\$62.64	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	1	2. 6%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj		0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Ventilator-Depender	ıt O	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Total	1	100.0		26	100. 0		0	0.0		11	100.0		0	0.0		38	100.0%

Admissions, Discharges, and Deaths During Reporting Period Percent Admissions from: Private Home/No Home Health 27.8 Private Home/With Home Health 11.1 Other Nursing Homes
16. 7
Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals
0. 0 Other Locations 0.0 Total Number of Admissions Percent Discharges To:
Private Home/No Home Health
Private Home/With Home Health 26.7 6. 7 Other Nursing Homes
Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals 20.0 0.0 0.0 0.0 Other Locations 0.0 Deaths 46.7 Total Number of Discharges

Percent Distribution	n of Residents'	Condi t	i ons, Servi ces	, and Activities as of 12	/31/00
			% Needi ng		Total
Activities of	%		si stance of	% Totally	Number of
Daily Living (ADL)	0ne	Or Two Staff	Dependent	Residents	
Bathi ng			71. 1	28. 9	38
Dressi ng	23. 7		42. 1	34. 2	38
Transferri ng	36. 8		39. 5	23. 7	38
Toilet Use	26. 3		47. 4	26. 3	38
Eating ********	63. 2		23. 7	13. 2 ***********	38
********	**********	******	******	***************	*******
Continence		%	Special Trea	tments	%
Indwelling Or Exter	nal Catheter	0.0	Recei vi ng	Respiratory Care	2. 6
Occ/Freq. Incontine	nt of Bladder	<b>57.</b> 9	Recei vi ng	Tracheostomy Care	0.0
Occ/Freq. Incontine	nt of Bowel	36. 8		Sucti oni ng Č	0. 0
•			Recei vi ng	Ostomy Care	2. 6
Mobility			Recei vi ng	Tube Feedi ng	5. 3
Physically Restrain	ed	5. 3	Recei vi ng	Mechanically Altered Diet	s 34. 2
Ski n Care			Other Reside	nt Characteristics	
With Pressure Sores		2. 6	Have Advan	ce Directives	97. 4
With Rashes		7. 9	Medi cati ons		
			Recei vi ng	Psychoactive Drugs	36.8

		Ownershi p:		Bed Size:		Li censure:			
	Thi s	Propri etary		50- 99		Skilled		Al l	
	Facility	Peer	Peer Group		Peer Group		Group	Faci l	ities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	74. 0	80. 4	0. 92	85. 4	0. 87	84. 1	0. 88	84. 5	0. 88
Current Residents from In-County	89. 5	74. 2	1. 21	72. 9	1. 23	76. 2	1. 17	77. 5	1. 15
Admissions from In-County, Still Residing	44. 4	19. 0	2. 34	21. 3	2.08	22. 2	2.00	21. 5	2.07
Admissions/Average Daily Census	48. 6	135. 3	0. 36	101. 3	0. 48	112. 3	0.43	124. 3	0. 39
Discharges/Average Daily Census	40. 5	137. 7	0. 29	101. 3	0.40	112. 8	0. 36	126. 1	0. 32
Discharges To Private Residence/Average Daily Census	13. 5	<b>57. 0</b>	0. 24	37. 6	0. 36	44. 1	0. 31	49. 9	0. 27
Residents Receiving Skilled Care	92. 1	89. 4	1.03	89. 6	1.03	89. 6	1.03	83. 3	1. 11
Residents Aged 65 and Older	100	95. 9	1.04	93. 4	1.07	94. 3	1.06	87. 7	1. 14
Title 19 (Médicaid) Funded Residents	68. 4	71.6	0. 96	69. 0	0. 99	70. 1	0. 98	69. 0	0. 99
Private Pay Funded Residents	28. 9	19. 0	1. 52	23. 2	1. 25	21. 4	1. 36	22. 6	1. 28
Developmentally Disabled Residents	0. 0	1. 2	0.00	0. 9	0.00	0. 9	0.00	7. 6	0.00
Mentally Ill Résidents	65. 8	35. 9	1.83	41.5	1. 59	39. 6	1. 66	33. 3	1.97
General Medical Service Residents	26. 3	18. 2	1.44	15. 4	1. 71	17. 0	1. 55	18. 4	1.43
Impaired ADL (Mean)	48. 4	47. 3	1.02	47. 7	1. 02	48. 2	1.01	49. 4	0. 98
Psychological Problems	36. 8	45.0	0. 82	51. 3	0. 72	50.8	0. 72	50. 1	0.74
Nursing Care Required (Mean)	6. 9	6. 7	1. 03	6. 9	1.00	6. 7	1. 03	7. 2	0.97